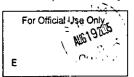
U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13055

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  Z P Code + 4	7.a. Nature of Interest, Transaction, or Income. None. 7.b. Amount. \$0
monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.  None.  7.b. Amount.
monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income. None.
monetary value from an employer whose employees your organizate.  Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.  None.
monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizat	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent.
A Held an interest in engaged in transactions (including loans) with 0.0	usions set forth in the instructions):  derived income or other economic benefit of
5. Position in abor organization.  Business Agent	
State New York ZIP Code + 4 11558	State New York   ZIP Code + 4 10011-7419
City Island Park	City New York
Street 32 Brighton Road	Street 45 West 14th Street
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
	Labor Organization File Number 006-770
Gerard O'Silen	Name I.U.P.A.T. District Council No. 9 AFL-CIO
3. Name and address of person filing.  Name Gerard O'Brien	4. Name, file number, and address of labor organization.

8-10-05

(212) 255-2950

Telephone Number

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filling Gerard O'Brien			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Master Painters Association of New York City  Trade Name if any:  P.O. Box, Bldg., Room No., if any Room 506  Street 50 Fast 42nd Street  City New York  State New York  ZIP Code + 4 10117	9. Business deals with:   X a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Amounts paid to the Employers Association of the Painting Industry in New York for the calendar year 2004:  Convention - \$2,500  Advertising - \$ 600  Contributions - \$ 200		
Street  City  State  ZIP Code + 4	11.b. Approximate do lar value of such dealing. \$3,300]  12.a. Nature of interest held or income received.  Annual installation dinner for Association officers.		
	12.b. Amount. \$60		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	14.a. Nature of payment  None .		
P.O. Box, Bldg., Room No., if any Street City			
State ZIP Code + 4	44 b. Amount of marganit		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$0		

Name of Person Filing	Gerard	O'Brien
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File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with
Name Master Painters Association of New York City  Trade Name, if any:	a. Labor Crganization
P.O. Box, 3ldg., Room No., if any Room 506	b. Trust
Street 50 East 42nd Street	c. Employer
City New York	
State New York ZIP Code + 4 10117	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Amounts paid to the Employers Association of the Painting Industry in New York for the calendar year 2004:
Trade Name, if any:	Convention - \$2,500
P.O. Box, Bidg., Room No., if any	Advertising - \$ 600
F.O. Box, Bidg., Room No., II any	Contributions - \$ 200
Street	
City	
State ZIP Code + 4	11.b. Approximate dol'ar value of such dealing. \$3,300
	12.a. Nature of interest held or income received.
	Dinner with representatives of the Association regarding contract negotiations.
	12.b. Amount. \$75

Name of Person Filing	Gerard	O'Brien
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

		Loo Constant and the control of the
ε	Name and address of Business (including trade name, if any).	9. Business deals with
	Name Koehler & Issacs LLP	✓ a. Labor Organization
	Trade Name, if any:	
	P.O. Box, Bidg., Room No., if any 125th Floor	b. Trust
	Street 61 Broadway	c. Employer
	City New York	
	State New York ZIP Code + 4 10006	
-	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
•	Name :	Fees paid for legal services in the calendar year 2004.
	Trade Name, if any:	
	P.O. Box, B dg., Room No., if any	
	Street	
:	City	
	State ZiP Code + 4	11.b. Approximate dollar value of such dealing. \$149,189
		12.a Nature of interest held or income received.  Holiday gift - beer of the month club.
		12.b. Amount \$75

	Name of Person	Filing	Gerard	O'Brier
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with
Name Joint Apprentice and Training Fund	, a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	, b. Trust
Street 45 West 14th Street	c. Employer
City New York	
State New York ZIP Code + 4 10011-7419	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Joint Apprentice and Training Fund	Related organization.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 45 West 14th Street	
City New York	
State New York ZIP Code + 4 10011-7419	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	Attended Apprentice graduation BBQ.
	12.b. Amount. \$15

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